

OKLAHOMA STATE UNIVERSITY  
CENTER FOR HEALTH SCIENCES

REQUEST FOR ADDITIONAL STUDENT LOAN FUNDS

NAME: \_\_\_\_\_ SS# \_\_\_\_\_

Bridge       MS I       MS II       MS III       MSIV

TYPE OF LOAN (check one):      Unsubsidized       Grad Plus

AMOUNT REQUESTED (dollars only – no cents): \_\_\_\_\_

DISBURSEMENTS:      1- All Now\*       2- Half Now and Half Next Semester\*\*

REASON FOR ADDITIONAL FUNDS: Please list COA if you are within your class Cost of Attendance amount. If you are requesting expenses beyond the COA, please itemize each request and submit documentation justifying the request.

Request	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
STUDENT SIGNATURE                      Date                      FINANCIAL AID OFFICER                      Date

You may only request expenses incurred during the actual enrollment period. Students cannot receive loan funds for expenses incurred during the summer months of non-enrollment.

\*One time expenditures only or Additional living expenses for one semester only

\*\*Additional living expenses for both semesters (default for living expenses)